

**State of Tennessee**  
**Department of Children's Services**  
7<sup>th</sup> Floor Cordell hull Building  
436 6<sup>th</sup> Avenue North  
Nashville, TN 37243-1290  
1-800-600-4999

## Standard Claim Invoice Instructions

- **Form must be typed.**
- **Vendor Name** = The name of the organization that will receive payment.
- **Vendor Address** = The address of the organization that will receive payment.
- **City** = The name of the city where the organization is located that will receive payment.
- **State** = The state where the organization is located that will receive payment.
- **Zip** = The zip code where the organization is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.
- **Provider Code** = **FF** = (Flex Funds-Permanency) HAP = CWLA REUNIFICATION
- **Contract Number** = Assigned by DCS and must match the contract number for the vendor requesting payment. See Attachment A for a list of contract numbers. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.
- **Rate** = Leave blank.
- **Vendor Signature** = An original signature is required on each individual page of the standard claim form from the provider.
- **Print Name** = The printed name of the person signing the vendor signature on each individual page of the standard claim form.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The name of the person or business from which goods and/or services were obtained. There may only be one service provider per invoice.
- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. Do not combine more than one contract on an invoice.

- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** ☐ **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = 363
- **Allot Code** = 30 (Custody Children)

**CLAIMS MUST HAVE A COPY OF THE VENDOR'S INVOICE AND A MEMO EXPLANATION OF THE SERVICE(S) PROVIDED FOR BACKUP DOCUMENTATION AND MUST BE ATTACHED TO THE STANDARD CLAIM FOR PAYMENT TO BE RENDERED.**

- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

**County Code Table**

|               |              |               |               |                 |
|---------------|--------------|---------------|---------------|-----------------|
| 01 Anderson   | 21 Dekalb    | 41 Hickman    | 61 Meigs      | 81 Stewart      |
| 02 Bedford    | 22 Dickson   | 42 Houston    | 62 Monroe     | 82 Sullivan     |
| 03 Benton     | 23 Dyer      | 43 Humphreys  | 63 Montgomery | 83 Sumner       |
| 04 Bledsoe    | 24 Fayette   | 44 Jackson    | 64 Moore      | 84 Tipton       |
| 05 Blount     | 25 Fentress  | 45 Jefferson  | 65 Morgan     | 85 Trousdale    |
| 06 Bradley    | 26 Franklin  | 46 Johnson    | 66 Obion      | 86 Unicoi       |
| 07 Campbell   | 27 Gibson    | 47 Knox       | 67 Overton    | 87 Union        |
| 08 Cannon     | 28 Giles     | 48 Lake       | 68 Perry      | 88 Van Buren    |
| 09 Carroll    | 29 Grainger  | 49 Lauderdale | 69 Pickett    | 89 Warren       |
| 10 Carter     | 30 Greene    | 50 Lawrence   | 70 Polk       | 90 Washington   |
| 11 Cheatham   | 31 Grundy    | 51 Lewis      | 71 Putnam     | 91 Wayne        |
| 12 Chester    | 32 Hamblen   | 52 Lincoln    | 72 Rhea       | 92 Weakley      |
| 13 Claiborne  | 33 Hamilton  | 53 Loudon     | 73 Roane      | 93 White        |
| 14 Clay       | 34 Hancock   | 54 McMinn     | 74 Robertson  | 94 Williamson   |
| 15 Cocke      | 35 Hardeman  | 55 McNairy    | 75 Rutherford | 95 Wilson       |
| 16 Coffee     | 36 Hardin    | 56 Macon      | 76 Scott      | 99 Out of State |
| 17 Crockett   | 37 Hawkins   | 57 Madison    | 77 Sequatchie |                 |
| 18 Cumberland | 38 Haywood   | 58 Marion     | 78 Sevier     |                 |
| 19 Davidson   | 39 Henderson | 59 Marshall   | 79 Shelby     |                 |
| 20 Decatur    | 40 Henry     | 60 Maury      | 80 Smith      |                 |

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider code in these instructions.
- **Vendor Invoice #** = The vendor's invoice number for goods and or services purchased. Maximum length is 10.
- **Service Start Date** = The date goods were purchased or the date a service rendered. This must be MM/DD/YY format including slashes

- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: Both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For this provider code **FF**, which is reimbursed based on actual cost, **the unit is always 1.**
- **Amount** = For this provider code **FF**, the amount is actual cost..
- **Page \_\_of\_\_** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment. Leave blank at this time.
- **Date** = The date the case manager signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case manager authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case manager authorizing this payment. Leave blank at this time.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment. Leave blank at this time.
- **Date** = The date the case supervisor signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case supervisor authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case supervisor authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment. Leave blank at this time
- **DCS Case Signature** = Central office approving signature. **If required** Central Office Fiscal will forward to appropriate personnel.
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

# ATTACHMENT A

| CSA                  | FLEX FUNDS PERMANENCY |
|----------------------|-----------------------|
| NORTHEAST CSA        | HAP00130              |
| EAST CSA             | HAP00230              |
| KNOX CO CSA          | HAP00330              |
| HAMILTON CO CSA      | HAP00430              |
| SOUTHEAST CSA        | HAP00530              |
| UPPER CUMBERLAND CSA | HAP00630              |
| MID-CUMBERLAND CSA   | HAP00730              |
| DAVIDSON CO CSA      | HAP00830              |
| SOUTH CENTRAL CSA    | HAP00930              |
| NORTHWEST CSA        | HAP01030              |
| SHELBY CO CSA        | HAP01130              |
| SOUTHWEST CSA        | HAP01230              |